The number of COVID-19 cases continues to increase across Asia and the Pacific with countries stepping up response, as well as intensifying mobility restrictions. As of 27 March, more than 136,000 cases and over 6,000 deaths have been reported in the region. Confirmed cases have been reported in 28 countries, territories and/or areas, with new cases reported on a daily basis.

The situation is rapidly evolving with challenges continuing to arise, especially for migrants excluded from or unable to access healthcare or to meaningfully follow prevention advice due to their precarious conditions. Migrants are also affected by stigma and discrimination and are already suffering economic impacts through loss of work without social protection mechanisms in place. At the regional level, IOM is maintaining close coordination with the WHO (SEARO, WPRO, EMRO), OCHA, IFRC, UNHCR and other partners to advocate inclusion of migrants and mobile populations in national-, regional- and global-level response planning for COVID-19. IOM leads the Regional Thematic Working Group on Migrants and Refugees and COVID-19 along with UN and NGO partners. IOM is also providing technical guidance to IOM missions at the national level and for regional and global initiatives for migrant inclusion in COVID-19 response.

Devising adequate responses for migrants, refugees, IDPs, returnees and other vulnerable groups remains the top priority for IOM. These approaches need to be flexible and adaptive to the rapidly evolving situation. Recent trends have included significant returns of migrant workers including internal and cross-border migrants from urban areas towards provincial areas or home countries in response to public health measures or fears over COVID-19 transmission. In the Greater Mekong Sub-Region (GMS), following the announcement of lockdown measures in Thailand, thousands of internal migrants and migrants from neighboring countries have returned to their home provinces or countries, including Cambodia, the Lao People’s Democratic Republic and Myanmar. This may have the unintended effect of driving transmission in areas with less capacity to provide testing, isolation and treatment, as well as increase vulnerability for migrants during their journey and in their home communities.

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*Afghanistan, Australia, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Fiji, India, Indonesia, Iran (Islamic Republic of), Japan, Lao People’s Democratic Republic (the), Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Papua New Guinea, Philippines (the), Republic of Korea (the), Singapore, Sri Lanka, Thailand, Timor-Leste and Viet Nam. Source: Coronavirus COVID-19 Global Cases by the Center for Systems Science and Engineering (CSSE) Johns Hopkins University.*
PILLAR 1 - COORDINATION & PARTNERSHIPS
Participation in relevant coordination mechanisms at the national and regional levels continues; 16 IOM missions in the region are supporting national and cross-border coordination with a focus on advocating for migrant inclusion in ongoing and planned interventions.

IOM Afghanistan is actively supporting the Ministry of Public Health (MoPH) and WHO in addressing preparedness and emergency coordination actions through its Migration Health Unit. In Indonesia, IOM is working together with the National Disaster Management Agency, Ministry of Health and UNHCR for COVID-19 preparedness, prevention and response measures tailored for refugees and migrants. In Myanmar, the IOM team is coordinating with the Ministry of Health (MOH) and Sports, as well as State, Regional and Township Health Departments to support COVID-19 response.

IOM Palau is providing ongoing support to the National Emergency Management Office. IOM Papua New Guinea has been asked to provide technical support to the National Emergency Operating Center. In the Philippines, IOM is coordinating with the Mindanao Humanitarian Team on CCCM, and in Sri Lanka IOM is participating in the National Task Force on COVID-19.

In Timor-Leste, IOM is actively participating in coordination meetings with the Government – particularly the Ministry of Health. IOM Viet Nam is actively participating in coordination mechanisms, such as the National Health Thematic Group organized by the Ministry of Health Viet Nam, the Crisis Management Team and the Technical Committee on COVID-19 Response.

IOM Thailand is supporting a national working group on migrants and COVID-19. The mission is also communicating regularly with Thai Immigration Bureau and Ministry of Social Development and Human Security at the central and provincial levels for coordination and needs assessments of migrants in detention centers and shelters.

PILLAR 2 - RISK COMMUNICATION & COMMUNITY ENGAGEMENT
Thirteen IOM missions across Asia and the Pacific are implementing Risk Communication and Community Engagement (RCCE) activities and working together with UN and government counterparts to modify and translate RCCE messages for migrants. IOM’s Regional Office for Asia and the Pacific has created a centralized repository of these materials for use across the region.

IOM Afghanistan is supporting publication of MoPH and WHO IEC materials and undertaking community level awareness raising through health education sessions and focus group discussions. IOM in the Republic of Marshall Islands (RMI) is working with the Ministry of Health and the Human Services Public Information Officer on translation and production of awareness materials, including outreach through a COVID-19 hotline.

In Myanmar, IOM has published and disseminated unified infection prevention messages (posters, booklets, pamphlets) to State and Township Health Departments. IOM Viet Nam is developing and disseminating IEC materials, such as posters and a health education video, and is publishing public health messages on COVID-19 prevention through existing social media sites, migration resource centers, Canadian Visa Application Centers (VACs) and Health Assessment Programme (HAP) clinics. The mission is also assisting the MOH Viet Nam by translating communication materials for COVID-19 case finding into seven languages for migrants and travelers, as well as supporting other IOM missions to translate IEC materials into Vietnamese for Vietnamese migrants living abroad.

IOM Sri Lanka has developed IEC material for migrants, such as COVID-19 and Anxiety, Travelling in the time of COVID-19, and Domestic Violence during Curfew. These resources are published on IOM’s website and have been distributed through both print and social media. Furthermore, IOM doctors and nurses in Sri Lanka have developed a hotline with interpreters and are reaching out to populations of concern for delivery of COVID-19 prevention messages, as well as following up on any significant conditions.

The IOM Philippines mission has produced IEC materials for COVID-19 on topics such as handwashing and social etiquette that will be distributed to 28 evacuation centers through government/partners.

IOM’s Global Strategic Preparedness and Response Plan for Coronavirus Disease was released on 19 March and can be found here. The geographic prioritization of the appeal, which totals 116.1 million, is based on existing national and IOM capacities.
IOM RESPONSE

PILLAR 3 - SURVEILLANCE
IOM is working to enhance existing national-level disease surveillance systems by linking mobility information to surveillance data, particularly among border communities and in migrant-dense areas.

IOM Thailand is actively monitoring Outbreak Alert Reports, which are shared regularly by camp health agencies, as well as the Ministry of Public Health (MoPH) website. The mission is also completing situation matrices, which summarize the impact of COVID-19 on AUSCO facilitation developments in each region/location.

In Sri Lanka, IOM has supported the surveillance activities of the Disaster Management Center through the provision of Personal Protective Equipment (PPE) and sanitizers, which will be used by 117 ambulance staff during their interactions with suspected COVID-19 patients.

PILLAR 4 - POINT OF ENTRY
IOM Afghanistan is working together with the government to step up presence at the Islam Qala border with Iran (Islamic Republic of) through the deployment of additional staff and secondment of staff for cross border surveillance.

Due to coronavirus transmission fears in Iran (Islamic Republic of), spontaneous returns from Iran (Islamic Republic of) have reached new record totals over past weeks. According to the Border Monitoring Team of the Directorate of Refugees and Repatriation (DoRR), a total of 62,341 undocumented Afghans returned from Iran (Islamic Republic of) through the Milak (Nimroz) and Herat (Islam Qala) borders between 15-21 March 2020, a 17% increase from the previous week (53,069). IOM provided post-arrival humanitarian assistance to 1,640 (5%) undocumented Afghans at its Transit Centers, including Unaccompanied Migrant Children, Medical Cases, Single Parent Families, Physically Disabled person and Unaccompanied Elderly persons.

IOM Myanmar has supported the deployment of equipment to the Kachin State Health Department for POE screening at the Myanmar – China border and is supporting health screening at Myawaddy, Kayin State (between Myanmar and Thailand). The mission is also providing PPE at POE for staff at cross-border gates in Kachin and Kayin States.

PILLAR 5 - NATIONAL LABORATORY SYSTEMS
Discussions are ongoing with multiple member states to support national capacity for detection through the provision of testing equipment and support via IOM’s existing network of laboratories across Asia that support Migration Health Assessments.

PILLAR 6 - INFECTION PREVENTION & CONTROL
Infection prevention and control (IPC) interventions have been enhanced across the region to support migrants and IOM staff. IOM Bangladesh is initiating IPC capacity building activities for healthcare workers, as well as logistics support for designated COVID-19 hospitals. In Sri Lanka, IOM is ensuring infection control and prevention measures during cultural orientation sessions for Australia bound refugees and humanitarian entrants, including having digital infrared thermometers, placing hand sanitizer in the training rooms and discussing preventive measures in the class.

PILLAR 7 - CASE MANAGEMENT
IOM health teams in Cox’s Bazaar are rapidly repurposing existing health facilities to become isolation and treatment facilities in Cox’s Bazar, as well as urgently seeking supplies of PPE and other equipment to establish two 200 bed isolation and treatment facilities in refugee camps in Cox’s Bazar. IOM is also establishing two inter-agency Ambulance Decontamination stations where patient transport vehicles from all organizations serving the Rohingya refugee population can be disinfected following transport of suspected or confirmed COVID-19 cases. There remain significant concerns regarding the direct and indirect impacts and effects of COVID-19 among the refugee and host populations both in terms of morbidity and mortality, as well as impacts on humanitarian access and delivery mechanisms.

PILLAR 8 - LOGISTICS, PROCUREMENT & SUPPLY
Missions are presently reviewing supply chain systems for adaptive interventions. In Myanmar, IOM has been distributing pandemic supplies, including PPE sets, hands sanitizers, non-touch thermometers, sterilizers, plastic bags for waste disposal to Kachin and Rakhine State Health Departments and is collaborating with the Ministry of Health and Sports to procure PPE for MoHS staff.

In the Philippines, IOM has procured pipelines and water pumps to support Local Government Units and other humanitarian actors interventions to increase access to water. Together with implementing partner, Plan International, IOM Philippines has distributed 1,300 hygiene kits (2 months’ worth of supply per family) in Camarines Sur and Donsol.
PILLAR 9 - PROTECTION
In the Republic of Marshall Islands, IOM is coordinating with local partners to increase mental health and psychosocial support programming, beginning with psychological first aid. IOM Nepal has developed a CCCM and Shelter Cluster Contingency Plan that addresses a range of protection concerns for migrants. IOM Bangladesh has similarly developed a COVID-19 response plan that includes the modification of existing protection programming and the development of new activities to address protection issues that may arise in the event of a high number of COVID-19 cases.

PILLAR 10 - CAMP COORDINATION & CAMP MANAGEMENT
In Thailand, IOM is coordinating with the Ministry of Interior at the provincial level for the return of refugees to their respective locations/camps for those that were under IOM auspices for resettlement activities at the time of camp closure.

In the Philippines, IOM’s camp coordination and camp management (CCCM) team is providing remote mentoring and technical support to C/MSWDOs and camp managers in North Cotabato on COVID-19 prevention for displacement contexts. IOM also helped local government counterparts to develop Readiness and Response Plans in Kidapawan, Makilala and Tulunan.

Under IOM Philippines’ Cooperation Agreement with Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) and in support of the Ministry of Interior and Local Government’s COVID-19 prevention efforts, IOM sent three multipurpose tents (for quarantine support) to Basilan for returning migrants from Sabah. IOM has also provided six Community Hygiene and Disinfection Kits to displacement sites in Kidapawan (comprising a 2-weeks supply) and is scheduled to deliver an additional 24 kits to sites in Makilala, Tulunan and other locations. IOM Philippines has additionally supported the construction of WASH and COVID-19 preparedness facilities in three North Cotabato displacement sites, and construction is ongoing in two additional sites.

PILLAR 11 - DISPLACEMENT TRACKING MATRIX
Missions in the region are providing inputs related to mobility restrictions; this is being consolidated by IOM at the global level.

IOM Thailand has developed a new data collection tool for enumerators to monitor cross-border movements in Ranong Province and provide updates on border openings/closures. The mission has also created a contingency plan to collect information via phone from key informants within migrant communities on information gaps and concerns (on COVID-19, visas, work permits, etc.).

IOM Afghanistan continues to monitor cross-border returns and has documented record high numbers of returns of Afghan migrants from Iran (Islamic Republic of) in the past weeks in response to the worsening COVID-19 situation in the country.

In the Philippines, IOM is scheduled to rollout a remote data collection exercise with COVID-19 specific questions across Mindanao displacement sites at the end of March. Questions will focus on health, WASH, food, and tracking of IDP movements in response to COVID-19. IOM Mongolia and Vanuatu are utilizing recent Displacement Tracking Matrix (DTM) data to support partners vis-à-vis targeting of COVID-19 interventions and preparedness plans.

FURTHER RESOURCES

IOM contributed to the:

• Guidance on Scaling-up the COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings (jointly developed by IFRC, IOM, UNHCR and WHO)
• COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement
• United Nations Humanitarian Response Plan, released 25 March 2020 and detailing a comprehensive UN response across multiple agencies with a requested budget of USD 2.01 Billion.